

School Based Health Center (SBHC) Program Brief: FY 2006

Massachusetts Department of Public Health

This brief summarizes the purpose, the served population, the activities and accomplishments of the School Based Health Center program during the 2005-2006 school year. Data were reported using “Clinical Fusion” software from 49 program sites to the MDPH SBHC program as required by Commonwealth terms and conditions for program oversight. The statistics shown in this brief are developed from those data for the school year ending June, 2006.

Program Description:

School Based Health Centers (SBHC) are comprehensive primary care programs, located within or on the campus of elementary, middle and high schools and linked to other community-based services, that provide developmentally and culturally appropriate health care to students who otherwise may not have access to primary care. With a multi-disciplinary staff, the centers promote positive health behaviors. The centers increase health knowledge and decision making skills through programs that are coordinated with existing health education activities. The Department funds 22 health providers that operate a total of 49 centers across the state in collaboration with local school systems in high-risk communities. Efforts are also supported to assist the SBHCs in becoming licensed and therefore able to bill third parties for services.

The primary goal of the School Based Health Center (SBHC) Program is to assure access and provision of comprehensive, high-quality, primary preventive care to children and youth, particularly to those at risk for health problems and with poor access to or utilization of primary health care. This goal is based on the fundamental understanding that meeting the physical and mental health needs of children increases their opportunity for learning and academic success.

An indicator of goal achievement is the percentage of visits after which students were returned to class without further interruption to their studies. In 2005-2006, 94% of visits resulted in students returning to class. The term ‘visit’ as used in this brief, refers to a clinical encounter with staff.

How Does the Program Work?

During the 2005-2006 school year, under contract with MDPH, 22 sponsoring healthcare agencies, including hospitals and community health centers, were funded to operate 49 SBHC clinics. These clinics:

- function as off site outpatient clinics of their sponsoring agencies.
- are staffed by nurse practitioners or physician assistants who are authorized to prescribe medications.
- are supervised by a medical director.
- comply with National Standards for Pediatric Preventive Care such as the American Medical Association’s Guidelines for Adolescent Preventive Services.
- are associated with a school district.
- were selected by a competitive process in compliance with Commonwealth Purchase of Service rules and regulations.

Program Activities and Students Served:

During the 2005-2006 school year, MDPH-funded School Based Health Centers had 31,966 registered clients. Of those registered, 43.9% (14,027 students) had at least one visit to a SBHC and are referred to as ‘users’ in this document. The total number of visits for the year was 56,570. The median number of visits per user was 2.

Profile of SBHC Users:

Of the 14,027 SBHC users, 63% were female and 37% were male. Most (70.1%) of the SBHC users were between 14-18 years old. The racial/ethnic groups most frequently seen at were Hispanic (38.9%), followed by White Non-Hispanic (28.7%), Black Non-Hispanic (19.7%) and Asian (4.0%). Almost half (46.0%) of SBHC users had some form of public insurance while 26.8% reported having no insurance at all. This illustrates that a lack of insurance is not a barrier to care, and that SBHCs are serving students who may otherwise not have access to care.

Profile of Services:

Services provided to users during the 56,570 visits to SBHCs were categorized into the four service types defined in Table 1. These service type classifications were based on SBHC staff’s clinical judgment and were documented using universally accepted coding guidelines (CPT Codes). It is important to note that one visit could include multiple types of services. For example, a student being treated for asthma (a chronic medical condition) could also be counseled for a health risk behavior during the same visit. Therefore there is a larger total number of services (56,591) in Table 1 than the total number of visits (56,570).

Table 1. Visit Service Types 49 School Based Health Centers, Massachusetts: 2006 (n=56,591 Visit Services)		
Visit Service Type	Number of Services*	Percent
Acute or Chronic Medical Office evaluations for specific symptoms (e.g. sore throat)	33,698	59.5%
Counseling Therapeutic counseling services and anticipatory guidance or risk factor reduction strategies that promote health and prevent illness or injury	13,338	23.6%
Prevention Preventive medical evaluation and management including physical exams, well-child checks, sports and work physicals	5,141	9.1%
Case Management Coordinating patient care services and anticipatory guidance or risk factor reduction strategies that promote health and prevent injury	4,414	7.8%
Total	56,591	100%
* During a visit to the clinic, a student may see more than one provider or present more than one type of problem. Therefore, there may be more than one type of service per visit.		

Health Risk Assessments:

Clinical providers in the school setting recognize the importance of identifying health risk and protective factors as a part of offering comprehensive primary care services. SBHC Program standards recommend that adolescents should receive an annual health risk assessment based on standardized tools such as the Guidelines for Adolescent Preventive Services (GAPS)¹ screening instrument or the Home, Education/Employment, Activities, Drugs, Sexuality, and Suicide /Depression screen (HEADSS)² method for obtaining a psychosocial history. The early identification of health risks allows clinicians to intervene to promote altering the course of problem health behaviors. Table 2 shows the distribution of assessments conducted by SBHC clinics in 2005-2006 grouped into four thematic categories. The individual risk factors associated with each category are shown. For example, those factors listed in the nutrition and exercise category are known to be associated with negative health outcomes in this category. An SBHC user may have multiple assessments within different categories, therefore the number of assessments is larger than the number of users (14,027) and the number of visits (56,570).

Table 2. Health Risk Assessments by Category* 49 School Based Health Centers, Massachusetts: 2006 (n=67,568 assessments)			
Assessment Category	Specific Risk Factors	Number of Assessments	Percent
Mental and Emotional Health	Conflicts, Depression, Emotional Abuse, Hypersomnia, Insomnia, Physical Abuse, Rape or Sexual Abuse, Suicide Risk, Violent Behavior, Witness to Violence, Work Stress	21,589	31.9%
Nutrition and Exercise	Anemia, Excessive Dieting, Exercise, Overweight, Poor Dietary Practice, Underweight	13,361	19.8%
Alcohol, Tobacco & Other Drugs	Anabolic Steroid Use, Crack/Cocaine Use, Family Alcohol Abuse, Household Smoking, Inhalant Use, Marijuana Use, Pregnant Student Alcohol Use, Student Alcohol Use, Tobacco Use	14,865	22.0%
Reproductive Health	Unprotected Sex, STD, Pregnancy Risk, Prenatal Health	17,753	26.3%
Total		67,568	100%
* Providers screen users for specific risk factors (column 2). Each specific risk factor assessment is counted as a separate assessment. Therefore, the number of assessments is larger than the number of users and the number of visits.			

¹ Levenberg, PB., Elster AB. American Medical Association. *Guidelines for Adolescent Preventive Services (GAPS) Implementation and Resource Manual*. Chicago, Ill.: American Medical Association: 1995.

² Green, M, Palfrey JS, eds. 2002 *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev). Arlington, VA: National Center for Maternal and Child Health.

Most Frequent Diagnoses:

Diagnoses listed in Table 3 were made based on the clinical judgment of the Nurse Practitioners/Physician Assistants who provided the care. These 10 most frequent diagnoses were found in 35.4% of all visits (20,020 out of 56,570). Please note that two or more diagnoses may be documented during the course of one visit. So, the number of visits including at least one of the top 10 diagnoses is smaller than the sum of the visits including each individual diagnosis.

Table 3. Ten Most Frequent Diagnoses 49 School Based Health Centers, Massachusetts: 2006 (all visits n=56,570; visits with 10 most frequent diagnoses n=20,020)		
Diagnosis	Number of Visits with Diagnosis	Percent of All Visits with Diagnosis
Acute Upper Respiratory Infection, Sore Throat	4,709	8.3%
Family Planning/Contraceptive Management	4,163	7.4%
Headache	2,847	5.0%
Other STD Counseling	2,301	4.1%
Other Counseling, Not Elsewhere Classified	1,864	3.3%
Other Specified Counseling, NOS	1,864	3.3%
Depression Non-Specific	1,581	2.8%
Routine Child Health Exam	1,501	2.7%
Obesity, NOS	1,483	2.6%
Menstruation Pain	1,427	2.5%
Ten Most Frequent Diagnoses*	20,020	35.4%
* Note that the number of visits including at least one of the top 10 diagnoses is smaller than the sum of the visits including each individual diagnosis, since multiple diagnoses can be made in the same visit.		

Mental Health Visits:

A “mental health visit” is a visit in which there is one or more emotional/behavioral health diagnostic code. 2,157 users had one or more visits with an emotional/behavioral health diagnostic code. There were 11,597 mental health visits during the 2005-2006 school year. The four most frequent diagnoses were found in 38.0% of all mental health visits. Please note that two or more diagnoses may be documented during the course of one visit. So, the number of visits including at least one of the four most frequent diagnoses is smaller than the sum of the visits including each individual diagnosis.

Table 4. Four Most Frequent Mental Health Diagnoses 49 School Based Health Centers, Massachusetts: 2006 (all mental health visits n=11,597; 4 most frequent n=4,402)		
Diagnosis	Number of Diagnoses	Percent of Mental Health Visits with Diagnosis
Depression Non-specific	1,580	13.6%
Adjustment reaction w/ depressed mood, brief	1,153	9.9%
Adjust reaction w/ mixed anxiety/depress mood	870	7.5%
Major depressive disorder, in partial remission	847	7.3%
Four Most Frequent Diagnoses*	4,402	38.0%
* Note that the number of visits including at least one of the four most frequent diagnoses is smaller than the sum of the visits including each individual diagnosis, since multiple diagnoses can be made in the same visit.		

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